

City and County of Honolulu

**Complaint Form for Reporting
Discrimination, Harassment or Sexual Harassment**

CITY EMPLOYEE'S NAME: _____ Work Phone: _____

Position: _____ Department: _____

Supervisor: _____

1. On (date) _____ at (place) _____
the following happened:

2. I believe what is described above is sexual harassment and/or prohibited discrimination in
the work place because:

3. I would like to have the following corrective action taken by management to resolve my
concerns in this matter:

Complaint Form
Page 2

4. I believe the following persons can contribute information on this matter:

Name	Title	Work Phone	Home Phone
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5. I have discussed my concerns on this matter with the following persons (supervisors, other management officials, union representatives, or co-workers, as appropriate)

Name	Title	Work Phone	Home Phone
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6. I understand the City and County of Honolulu will investigate this matter and, as much as possible, keep the details of the situation confidential. Once completed, I shall be informed of the findings. I understand that management does not make any promises of a specific action that may be taken against the alleged harasser; however, appropriate action will be taken based on the results of the investigation.

Signature _____	_____
	(Date)

7. Received by: _____
- | | |
|--------|---------|
| (Name) | _____ |
| | (Title) |

Signature: _____	_____
	(Date)

Note: Provide a copy of this record to the complaining party; the original becomes part of the official investigative file.